PTO/88/06 (12-04)

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		Substi	tute for Form P1	10-875 Efte	ctive December 8.	2004	1	184	5/4	
APPLICATION AS FILED - PART I (Column 1) (Column 2)					SMALL (HTITY	OR	OR SMALL ENTITY		
FÓR .	NUME	NUMBER FILEO		ER EXTRA	RATE (S)	FEE (1)		RATE (1)	FEE (1)	
ISIC FEE CFR 1 18(4) [b) a (c)]		N/A		NUA		150.00		N/A .	300.00	
ARCH FEE CFR 1 16(U, (4. or (ml)		N/A		N/A	N/A . ·	\$250	:	· N/A	\$600	
CFR 1 (60, b), or (0)	NVA			N/A	NA	\$100		N/A	-\$200	
)TAL CLARAS LOFA (146(4)	T.	minus 20 =		•			ok	X\$50 .		
OFR 1 16(h)) minus 3 =			3 • •		X100 .	•		X200 .		
PUCATION SIZE BY CATION SIZE CFR 1 16(4) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					+180a			+360=		
ALTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1))					. 4100-			7500-		
the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL		, 5	TOTAL .		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3): CLAIMS . HIGHEST					SMALLE	1	OR		ENTITY'.	
777 00 8	EMAINING AFTER IENDMEHT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (6)	HEE (S)		RATE (5)	TIONAL FEE (1)	
Total car cirk under	6_	Minus	.90		X\$ 25 .		OR .	X\$50.	\ <u></u>	
Endepredent CIF CFR LIGHT	T_{-}	Minus	3	*	X100 .	$\overline{}$	OR	X200 .	\	
Application Size Fee (37 CFR 1.16(s))					+180=	\ -		+360=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16Q)					TOTAL	\	OR	TOTAL		
			•	•	ADDIFEE		OR	ADD'L FEE		
	olumn 1)		. (Column 7)	(Column 3)	· · · · · · · · · · · · · · · · · · ·	· 	. [·	
RE	LAIMS MAINING AFTER. ENDMENT	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDI- TIONAL FEE (5)		RATE (\$)	ADDI- TIONAL FEE (S)	
Total 1		Minus	44	•.	X\$ 25 .		OR.	X\$50 •		
Bidependent GF CFR LHO2		Minus ·	•••		X100 _		OR -	X200 _		
Application Size Fee	07 CFR 1.10	5(1))						·		
PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM DT CFR 1.16(1)					+180=		CR	+360±	•	
PARST PRESENTATION	OF MULTIPLE	DEPENDE	MI COMM DICE	N 1.10(E)	11000		· ~ 1			

* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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